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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                      |  |
|----------------------|--|
| Application Number   | 10/620,061                                   |
| Filing Date          | July 14, 2003                                |
| First Named Inventor | Eduardo BLUMWALD                             |
| Title                | HIGH SALT PLANTS AND USES FOR BIOREMEDIATION |
| Art Unit             | 1638   |
| Examiner Name        | A. Kubelik                                   |
| Attorney Docket No.  | 595792000121                                 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number: **20872**

OR

 Practitioner(s) named below:

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
|      |                     |      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

 The address associated with Customer Number: 

OR

 Firm or Individual Name: Address: City: State: Zip: Country: Telephone: Email: 

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|                   |                         |           |              |
|-------------------|-------------------------|-----------|--------------|
| Signature         | <i>Eduardo Blumwald</i> | Date      | May 14/2008  |
| Name              | Eduardo Blumwald        | Telephone | 532-332-4640 |
| Title and Company | Inventor                |           |              |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of **4** forms are submitted.

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|  |  | Attorney Docket No.  | 595792000121                                 |

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|--------------------------|-------------------------|--|
| <input type="checkbox"/> | Firm or Individual Name |  |
| Address                  |                         |  |

|         |  |           |  |       |  |
|---------|--|-----------|--|-------|--|
| City    |  | State     |  | Zip   |  |
| Country |  | Telephone |  | Email |  |

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|                   |   |           |              |
|-------------------|---|-----------|--------------|
| Signature         |  | Date      | 6/26/08      |
| Name              | Maris Apse  | Telephone | 530-219-5326 |
| Title and Company | Inventor  |           |              |

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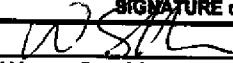
 Firm or Individual Name Address City State Zip Country Telephone Email 

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|                   |   |           |              |
|-------------------|---|-----------|--------------|
| Signature         |  | Date      | May 15/08    |
| Name              | Wayne Snedden   | Telephone | 613-533-6154 |
| Title and Company | Inventor  |           |              |

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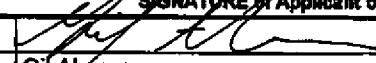
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**SIGNATURE of Applicant or Assignee of Record**

Signature: 

Date: May 14/2008

Name: Gil Abaron

Telephone: 416-451-7306

Title and Company: Inventor

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